CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-30-20			As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks.
10-31-19	Appendix 1	62	Added new edit code 882
08-29-19	Appendix 2		Updated Carrier Codes. A link was added to each guide's homepage to access the carrier codes.
08-23-19	Appendix 1	66	Updated resolution for edit code 901
08-14-19			For consistency with CMS State regulations, any reference to the word "guides" has been replaced with "manuals."
08-01-19	Forms		Uploaded New Electronic Funds Transfer (EFT) Form
08-01-19	Section 6		Section 6 of the CLTC manual was updated to reflect new waiver services policy effective: August 1, 2019.
07-02-19	Appendix 1	33	Updated CARC for edit code 636
07-02-19	Forms		Updated EFT form
07-01-19	1,3,5		Replaced with New Provider Administrative and Billing Guide
07-01-19	Appendix 1	55,61,66	Added new edit 870. Update edit codes 839 and 901
04-01-19	1	35	Updated Prepayment Reviews
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
03-01-19	Appendix 2	-	Updated carrier codes
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907

Community Long-Term Care Provider Manual

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	3	34	• Updated Retro Medicare
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	• Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952 • Updated CARC for 786 • Updated Resolution for 906 and 907
07-01-18	TPL Supplement	15-16 17	• Updated Retro Health and Pay & Chase • Updated TPL Resources
06-01-18	2	21	Updated Authorizations for Oral Nutritional Supplements
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
04-01-18	6	69	Updated Nursing
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	Appendix 1	3	Added new edit code 063

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-17	Forms	-	Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms
08-01-17	Change Control Record	13	Added 08-01-12 entry for Section 2
08-01-17	Appendix 2	-	Updated carrier codes
06-01-17	Forms	-	Updated Claim Reconsideration Form
06-01-17	Appendix 2	-	Updated carrier codes
05-01-17	Appendix 1	-	Updated Provider Service Center Hours of Operation
04-01-17	2	 1 5 8 11 24 41 44 46 48 51 52 53 54	Updated the following sections to reflect changes to MR language: • CLTC Community Choices Waiver Services • Case Management • Prior Authorization of DDSN Services • Home and Community Based Waiver Programs • Billing Procedures and Service Monitoring • Respite Care • Pervasive Developmental Disorder Waiver • Intellectual Disabled/Related Disabilities (ID/RD) Waiver • Mechanical Ventilator Dependent Program, Covered Services, Respite Care • Head and Spinal Cord Injury (HASCI) Waiver • Respite Care Services • Intellectual Disabled/Related Disabilities (ID/RD) Waiver • Personal Care I (PC I) Services • Personal Care II (PC II) Services
04-01-17	4	i 4	• Updated Table of Contents to reflect change to MR language • Updated header to reflect change to MR language
04-01-17	6	150	Updated Institutional Respite Care to reflect change to MR language

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-17	Forms	-	Updated the following forms to reflect changes to MR language: • SCDDSN Waiver – Authorization for Services to Be Billed to Medicaid - Personal Care (Form ID/RD A-3) • SCDDSN Waiver – Authorization for Services to Be Billed to Medicaid - Psychological Services (Form ID/RD A-9) • SCDDSN Waiver – Authorization for Services to Be Billed to Medicaid - Nursing Services (Form ID/RD A-12) • SCDDSN Waiver – Authorization for Services to Be Billed to Medicaid - Private Vehicle Modification (Form ID/RD A-13) • SCDDSN Waiver – Authorization for Services to Be Billed to Medicaid - Adult Day Health Care Services (Form ID/RD A-23) • SCDDSN Waiver – Authorization for Services to Be Billed to DSN Board- Respite Services (Form ID/RD A-25) • SCDDSN Waiver – Authorization for Services to Be Billed to Medicaid - Behavior Support Services (Form ID/RD A-27) • SCDDSN Waiver – Authorization for Services to Be Billed to DSN Board- Residential Habilitation (Form ID/RD A-28) • SCDDSN Waiver – Authorization for Services to Be Billed to Medicaid- Audiology Services (Form ID/RD A-31) • SCDDSN Waiver – Authorization for ICF/IID (Institutional) Respite Services to Be Billed to DSN Board (Form ID/RD A-32) • SCDDSN Waiver – Notice of Termination of Service (Form ID/RD 16) • SCDDSN Waiver – Process for Appealing Decisions (Form ID/RD 16) (reverse)
03-01-17	4	1 1 2	Updated the following sections: • CLTC Community Choices Waiver Services • CLTC HIV/AIDS Waiver Services

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			• CLTC Mechanical Ventilator Dependent Waiver Services
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
12-01-16	3	7 8 17	• Updated Diagnostic Codes • Updated Place of Service Key • Updated CMS-1500 Instructions, field 24D
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	Appendix 2	-	Updated carrier codes
10-01-16	1	5 6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
10-01-16	6	40-51	Updated Case Management
09-01-16	6	16	Updated Adult Day Health Care (ADHC) Services
09-01-16	Appendix 1	67	Updated edit code 979
09-01-16	Appendix 2	-	Updated carrier codes
08-01-16	1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards
08-01-16	Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965
07-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	5	- 1 3 5-6	• Updated hyperlinks throughout section • Updated Administration section • Updated Procurement of Forms section • Updated CLTC Regional Offices addresses
06-01-16	Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
05-01-16	Appendix 1	6, 63, 67	Updated edit codes 150, 953, 989, 990

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
05-01-16	Appendix 2	-	Updated carrier codes
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-16	Appendix 1	19, 23	Added edit codes 450 and 532
02-01-16	1	-	Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: • South Carolina Medicaid Program o Program Description o SC Healthy Connections Medicaid Card(s) • Records/Documentation Requirements o General Information o Signature Policy • Medicaid Program Integrity o Program Integrity • Appeals
01-01-16	Cover	-	Inserted page 2 of Medicaid Bulletin dated January 11, 2005
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
11-01-15	Appendix 1	19, 44-47	• Revised edit code 507, 821, 837, 838, 839
10-01-15	1	7 10	• Updated to add SCDHHS alerts • Updated Provider Participation
10-01-15	Appendix 1	1 1 All 4, 20, 23, 27, 43	• Updated general instructions • Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System o Added note to general instructions o Replaced ICD-9 with ICD-CM throughout section • Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-15	3	14-15 23	• Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System: o CMS-1500 Claim From Completion Instructions, field 21 • Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 – Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool
09-01-15	Appendix 1	5, 14	• Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
05-01-15	2	31-33	• Updated CLTC Standards for Bathroom Safety Products
05-01-15	6	60	• Updated Transition Coordination Service
03-13-15	3	13-14 23	• Updated CMS-1500 Claim Form Completion Instructions • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
03-03-15	6	3	Correct typo in Standard for Waiver Services heading
03-01-15	Appendix 2		Updated carrier codes
01-01-15	Forms		Updated Claim Reconsideration form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
12-01-14	3	3-5 27-28	Added the following policies: • Copayment • Claim Reconsideration
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
12-01-14	Appendix 3	1-2	Added to manual
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	5	5	Updated CLTC Regional Office listing
11-01-14	6	40-51	Updated Case Management
11-01-14	Appendix 1	70	Updated edit code 989
10-01-14	1	33-34	Updated Medicaid Beneficiary Lock-In Program
10-01-14	Appendix 1	3, 31, 36, 48-49, 61 46	• Updated edit code 079, 637, 719, 820, 821, 908, 909 • Added new edit code 790
09-01-14	6	 1 3 40 58 66 78 83 99 101, 117 153 26-29 168-175	• Updated the following sections: o Changed Mandatory Training to Mandatory Meeting o Adult Day Health Care (ADHC) o Case Management o Companion o Individual Companion o Nursing o Pediatric Medical Day Care o Personal Care I o Personal Care II, HASCI Attendant Care, HASCI Respite and Medically Complex Children (MCC) Respite Services o Skilled Respite • Add scopes of services for Adult Day Health Care – Nursing and Telemonitoring
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	2	1 2 3, 14, 35, 45, 46, 56, 65, 66, 83, 84,	• Added Medicaid Eligibility • Updated Mandatory Training • Added Mandatory Reporter • Updated the following: o Conditions of Participation

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		97, 98, 116, 136, 139 40 41 70, 110, 127 130	o Case Management Training o Compliance o Conduct of Service o Description of Services to be provided
08-01-14	Appendix 1	51, 69 24, 48-51, 58	• Deleted edit codes 845 and 969 • Updated edit codes 537, 837-839, 843, 844, and 892
07-01-14	6	-	New section - Standards for Waiver Services
07-01-14	Appendix 1	15	Updated resolution for edit code 349
06-01-14	Appendix 1	3, 12	Updated resolutions for edit codes 079, 227, and 239
06-01-14	Appendix 2	All	Updated carrier codes
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	5	1 23	• Replaced reference to county office listing with the Where To Go for Help web address • Removed DHHS county office listing
05-01-14	Appendix 1	1, 2, 4, 45, 46, 62, 64, 92, 93	Updated edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984
04-01-14	1	6, 23, 25 29-31 32 33 37 39 41-44	• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated the following sections: o Program Integrity o Recovery Audit Contractor o Beneficiary Oversight o Fraud o Referrals to the Medicaid Fraud Control Unit o Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-14	2	9 24	• Updated Prior Authorization for Hospice Participants to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated Billing Procedures and Service Monitoring
04-01-14	3	1-33 5 9- 21 21 23-24	• Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated Care Call • Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version • Updated Trading Partner Agreement • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
04-01-14	5	28	Updated Horry County address
04-01-14	Forms		• Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms • Removed note on CMS-1500 (02/12) version claim form • Removed CMS-1500 (08/05) version claim form (s) • Removed Sample Edit Correction Form • Updated Sample Remittance Advice

04-01-14	Appendix 1	35
		-
			• Added edit code 527
			• Entire section:
			   o Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form
			   o Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version

04-01-14	TPL Supplement	
		
		5
		6-8
			• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form:
			   o Timely Filing Requirements
			   o Reasonable Effort

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		9-10 10-11 13-14 15-16 22-23 30-31	o Nursing Facility Claims o Professional, Institutional, and Dental Claims o Rejected Claims o Recovery o Sample Forms – Reasonable Effort o Sample Forms – ECF (deleted)
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	3	2	Corrected Medicare timely filing requirement
02-01-14	5	27	Updated Florence County office telephone number
01-01-14	1	1, 2, 11 6, 23, 25 1-2 4 6 26 29-30 32 32	Updated to reflect the following bulletins: • Managed Care Organizational Changes dated November 15, 2013 • Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 Updated the following sections: • Eligibility Determination • South Carolina Health Connections Medicaid card • South Carolina Web-based Claims Submissions Tool • Retroactive Eligibility • Program Integrity • Recovery Audit Contractor • Beneficiary Explanation of Medical Benefits Program
01-01-14	2	 8 9	Updated entire section to reflect the following bulletins: • Claim Forms (02/12) version dated November 20, 2014 Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013
01-01-14	3	-	Updated entire section to reflect the following bulletins: • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			• Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 • Managed Care Organizational Changes dated November 15, 2013
01-01-14	5	1 3-4	Updated the following sections • Correspondence and Inquiries • Procurement of Forms
01-01-14	Forms		• Added CMS-1500 (02/12) version claim form • Added note to CMS-1500 (05/85) version claim form • Updated Duplicate Remittance Advice Request and EFT Authorization Agreement form
01-01-14	Appendix 1		Updated to reflect the following bulletins: • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 • Managed Care Organizational Changes dated November 15, 2013
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14	TPL Supplement		• Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014
12-01-13	5	30	Updated Orangeburg mailing address zip codes
11-01-13	5	31	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	5	30 31	• Updated Orangeburg office and mailing address • Updated York County office address
10-01-13	Appendix 1	- 5, 39 69	• Updated CARCs/RARCs throughout section • Added edit codes 110 and 725 • Deleted edit code 961

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		37, 42, 44	• Revised edit codes 720, 749, 750, 758, and 759
10-01-13	MC Supplement	20	• Added WellCare MCO Medicaid card and contact information
09-01-13	5	26 28 31	• Updated Darlington County zip code • Updated Laurens County phone number • Updated York County office address

08-01-13	2		Revised CLTC Standards for Bathroom Safety Products to include the following specifications:
			  • Bariatric Raised Toilet Seats
			  • Bariatric Shower Transfer Benches
			  • Bariatric Shower Seats

08-01-13	5	31	Updated York County physical address
08-01-13	Appendix 1	1 50, 51 72	• Updated resolution for edit code 007 • Updated RARC and resolution for edit codes 820 and 821 • Deleted edit codes 954, 955, and 956
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	5	25 29	• Updated Colleton County office telephone number • Deleted Newberry County PO Box address
06-01-13	5	31	• Updated Richland county office telephone number
06-01-13	Appendix 1	5, 11, 15, 33, 40 30	• Updated resolutions for edit codes 107, 219, 339 673, 720 • Deleted edit code 577
04-01-13	1	6	Corrected the URL for MedicaideLearning.com
04-01-13	Appendix 1	2 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	• Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052 • Updated CARCs for edit codes 460, 544, 569 • Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960 • Added edit codes 820, 821 • Updated edit code 935, 938, 939
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	5	29	Deleted Jasper County PO Box address

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-13	Appendix 1	i 2, 38, 70 38, 54, 70	Deleted Change Log Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953 Updated resolutions for edit codes 714, 851, and 953
03-01-13	Managed Care Supplement	7	Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
01-01-13	5	23 25	• Added Chester county Zip+4 code • Updated Greenville PO Box address
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32 33-41	• Updated web addresses for provider information and provider training • Revised heading and language to reflect new provider enrollment requirements • Updated Program Integrity language (entire section) • Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)
12-03-12	3	9 13 22, 41, 43 27-28	• Updated National Provider Identifier and Medicaid Provider Number • Updated fields 17, 17b to add requirement for referring or ordering provider NPI • Updated provider information web addresses • Updated Electronic Funds Transfer (EFT)
12-01-12	5	6 27	• Updated web address for provider information • Updated McCormick county office telephone number
12-03-12	Forms	-	• Removed provider enrollment forms •
12-01-12	Appendix 1	24, 26, 27, 32, 33	• Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61,	• Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926
12-01-12	TPL Supplement	8, 9, 17	Updated web addresses for provider information and provider training
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	Appendix 1	-	Updated edit code information through document
09-01-12	2	27-31	Updated general ramp specifications
09-01-12	5	-	Updated formatting throughout document
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	2	3, 4	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 26, 35, 38-39 9, 20, 27	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Updated hyperlinks
08-01-12	5	1 5 7	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed fax request information for SCDHHS forms • Added SCDHHS forms online order information • Updated telephone number for Greenville county office
08-01-12	Forms	-	• Deleted forms 140 and 142

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			• Updated Duplicate Remittance Advice Request Form
08-01-12	Appendix 1	- 1, 24, 60, 65, 66-67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 • Added edit codes 349, 590, 978, 990, 991-995 • Deleted edit codes 166, 205, 573, 574, 593, 596 • Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798
08-01-12	Managed Care Supplement	1-2 7 11 17 19	• Changed Division of Care Management to Bureau of Managed Care • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed language limiting enrollment to 2500 members • Update contact information for Palmetto Physician Connections • Added to "Medicaid" to BlueChoice HealthPlan
08-01-12	TPL Supplement	5, 6, 10,17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
07-01-12	Appendix 1	16, 48 45	• Deleted edit codes 386 and 868 • Added edit codes 837, 838, 839
08-01-12	TPL Supplement	5, 6, 10,17, 24	Changed all contact information for program areas/representatives to the PSC per Medicaid Bulletin dated June 29, 2012
07-01-12	Appendix 2	-	Updated carrier codes
05-01-12	Appendix 1	62	Updated edit code 975
04-01-12	1	4	Replaced South Carolina Healthy Connections card
04-01-12	5	16	• Updated address for Marion County

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		17	• Updated phone number for Newberry County
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18 24 30	• Updated edit code 402 • Updated edit code 544 • Updated edit code 636, 637, and 642
02-01-12	2	22 27-36 38	• Updated Staffing and Operating Procedures Section • Added section for CLTC Waiver Supply Providers • Deleted Environmental Modifications section
02-01-12	3	23 27	• Added a note regarding The Web Tool • Updated the Remittance Advice -835 Transaction
02-01-12	5	9	Updated the Fairfield county office number
02-01-12	Appendix 1	18 30 42 49	• Updated edit code 402 • Updated edit code 637 • Updated edit code 766 • Updated edit code 867
01-01-12	1	2-5, 20, 24	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
01-01-12	3	- 27	• Updated hyperlinks throughout section • Updated EFT information
01-01-12	5	1	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
01-01-12	Appendix 1	62 -	• Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11 • Updated CARCs and RARCs throughout the document

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information
11-01-11	2	14 16 23	• Added paragraph 2, shipping requirements, for Authorizations for Incontinence Products • Added "Medline" to bullet #2 • Add delivery confirmation slips policy under Documentation Requirements
11-01-11	3	35, 38, 44, 46	Updated TPL contact information
11-01-11	5	5	Updated CLTC Regional Offices addresses
11-01-11	TPL Supplement	6, 15 12 3, 17, 19	• Changed Medicare timely filing requirement to two years and six months • Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code • Deleted sample legacy number from UB-04 TPL Fields table • Updated TPL contact information
10-01-11	Appendix 1	14, 29 47	• Added edit codes 334 and 584 • Updated edit code 845
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	5	29	Updated zip code for Spartanburg County office
09-01-11	Appendix 1	15, 29, 30	Added edit code 361, 591, 596 and 605
08-01-11	2	i-iv 11-24	Updated the Table of Contents Added CLTC Waiver Supply Providers section

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-11	3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
08-01-11	Appendix 1	8	Updated edit codes 165 and 166
08-01-11	Managed Care Supplement	1, 5	Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011
07-01-11	2	18-20	Updated the Intensive Behavioral Intervention section
07-01-11	5	29	Deleted PO Box address for the Spartanburg County Office
07-01-11	Appendix 1	43 56	• Added edit codes 840 and 841 • Updated Provider Enrollment Contact information in edit codes 941 and 944
06-01-11	5	21	Corrected Abbeville County PO Box Zip+4 Code
05-01-11	1	8, 11	Added language prohibiting payment to institutions or entities located outside of the United States
05-01-11	Appendix 1	43	Updated edit code 796
04-01-11	5	6	Updated telephone number for Beaufort County
04-01-11	Forms	-	Updated Electronic Funds Transfer Form
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	20, 27, 28	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	5	4 22	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-11	Appendix 1	- 67	Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section Made change to Edit Code 990 description
03-01-11	Appendix 2	-	Updated alpha and numeric carrier code lists to reflect Web site update on 12/14/10
03-01-11	TPL Supplement	17 24, 25	• Changed the name of the Provider Outreach Web site to Provider Enrollment and Education • Updated the descriptions for Form130s
02-01-11	Appendix 1	3	Added edit codes 079 and 080
01-01-11	1	7 19-20	• Updated the South Carolina Medicaid Web-based Claims Submission Tool section • Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits
01-01-11	3	20, 21, 25, 26, 28 18, 33 25	• Updated electronic remittance package information • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package
01-01-11	5	30	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form
01-01-11	Appendix 1	9	Added edit codes 165 and 166
01-01-11	TPL Supplement	8, 10 8 10 13	• Removed references to Dental claims • Removed language to contact program areas for missing carrier codes • Added reference to CMS-1500 for correcting edit code 151 on the ECF • Added edit code 165 to other TPL-related insurance edit codes list

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change

		15	• Updated Retro Medicare section to include the following:
			  o Changed the timely filing requirement from 90 days of the invoice to 30 days
			  o Added SCDHHS TPL recovery language

		15	• Updated the Retro Health and Pay & Chase section
12-01-10	Cover	-	Replaced "Medicaid Provider Manual" with "South Carolina Healthy Connections (Medicaid)"
12-01-10	Appendices	-	Replaced "South Carolina Medicaid" with "South Carolina Healthy Connections (Medicaid)" in the headers
12-01-10	Supplements	-	Replaced "South Carolina Medicaid" with "South Carolina Healthy Connections (Medicaid)" in the headers
11-01-10	Appendix 1	8 16 32 51 52	• Edit code 202: added information to Resolution section • Edit codes 421 and 424 deleted • Edit code 733 information updated in Resolution section: "Adjust the net charge in field" changed from 26 to 29 • Deleted edit code 959 • Deleted edit codes 962 and 963
11-01-10	TPL Supplement	3, 8, 13-14, 18-19 6, 15-17	• Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest • Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle
10-01-10	1	- 1 7	• Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Program Description section • Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		10	Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest • Updated Freedom of Choice section
10-01-10	5	28	Correct McCormick county office street address
10-01-10	Managed Care Supplement	- 1 2 3 4 5 6 13 17	• Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Managed Care Overview • Updated Managed Care Organizations and Core Benefits paragraphs • Updated MCO Program ID card paragraph • Updated MHN Program ID card paragraph • Updated Core Benefits • Updated Exempt Services • Updated Overview • Deleted "Medicaid Managed" from "Current Medicaid Managed Care Organizations" heading and following paragraph
09-01-10	3	 21 22 40	Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest: • Companion Guides • South Carolina Medicaid Web-based Claims Submission Tool • Claim-Level Adjustments
09-01-10	5	22 25 28	• Removed County Commissioner's Building from the Aiken County address • Deleted Dorchester County physical address telephone number • Removed Highway 28 N from the McCormick County address
09-01-10	Appendix 1	9 -	• Added edit code 225 • Removed all references to the ADA Claim in the Resolution column

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-10	TPL Supplement	12 13 18	• Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information • Updated the Web-Submitted Claims section with the exception to Dental claims • Updated the TPL Resources section to include the DentaQuest contact information for TPL questions
08-01-10	5	22, 26 28-30 23	• Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties • Updated the address for Barnwell County • Updated the telephone number for Beaufort County
08-01-10	Appendix 1	20 51, 52 59	• Deleted edit code 520 • Deleted Provider Enrollment e-mail address from codes 941 and 944 • Changed resolution for edit code 994
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Appendix 1	32 35	• Updated edit code 714 • Updated edit code 738
07-01-10	Appendix 2	21, 22, 25, 63, 89	Changed First Health to Magellan Medicaid Administration
06-01-10	Managed Care Supplement	1 3 17 20, 23, 25	• Updated Managed Care Overview section • Updated Manage Care Organization (MCO), Core Benefits section • Updated the Managed Care Disenrollment Process, Overview section • Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change
05-01-10	5	1	• Removed reference to sample form at the end of this section • Replaced reference to sample form in the Forms section of this manual
03-01-10	Cover	-	Replaced the manual cover

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-10	Change Control Record	1	Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 and section 3 entries dated 12-01-09
03-01-10	3	5, 22	Removed modem as an electronic claims transmission method
02-01-10	Appendix 1	13 36	• Added New Edit Codes 356,357 and 358 • Updated Edit Code 738
02-01-10	Appendix 2	All	Updated Carrier Code List
01-01-10	5	22 27 29	• Updated Physical Address for Allendale County Office • Replaced Jasper County DSS with Jasper County DHHS • Replaced Orangeburg County DSS with Orangeburg County DHHS
01-01-10	Appendix 1	49	Updated Edit Code 932
12-01-09	1	8 25	• Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package • Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009
12-01-09	3	1-3 20, 22, 25-28	• Updated Claim Filing Timeliness section • Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package to reflect Medicaid Bulletin dated November 24, 2009
12-01-09	5	12	Updated the Dorchester County office street address
12-01-09	Appendix 1	- - 18, 19 20	• Replaced CARC 17 with CARC 16 • Updated CARC A1 • Updated codes 509 and 510 • Added code 533
11-01-09	Appendix 2	All	Updated carrier code list

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-09	1	3-4 4-6 26	• Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) • Updated SC Medicaid Healthy Connections language throughout section • Updated South Carolina Medicaid Bulletins and Newsletters • Changed heading to Medicare Cost Sharing
10-01-09	5	26 27 28	• Updated physical address for Jasper County office • Updated telephone number for Lexington County office • Updated zip codes for Orangeburg County office
10-01-09	Appendix 1	3 60	• Updated edit code 065 • Updated edit code 852
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	Managed Care Supplement	21 20, 25	• Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 • Updated Absolute Total Care entries as following: o Changed the company's name to Absolute Total Care o Replaced the beneficiary card samples o Corrected contact information
08-01-09	5	30	Updated telephone number for York County office
08-01-09	Appendix 1	3	Updated edit code 062
08-01-09	Appendix 2	-	Updated carrier code list
07-01-09	5	22, 28 24 25	• Updated address for Bamberg and Orangeburg County offices • Updated office zip code for Darlington County • Updated telephone number for Fairfield County office

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
06-01-09	3	i	Correct formatting
06-01-09	TPL Supplement	19	Updated Department of Insurance Web site address
05-01-09	1	1-6, 11 2 3 5 28-33	• Updated to reflect managed care policies and procedures effective May 1, 2009 • Updated the Eligibility subsection • Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection • Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection • Updated the Medicaid Program Integrity subsection
05-01-09	5	29	Updated telephone number for Union County office
05-01-09	Appendix 1	43	Deleted edit code 694
05-01-09	Appendix 2	-	Updated list of carrier codes
05-01-09	Managed Care Supplement	-	Updated supplement to include general policies and procedures effective May 1, 2009
04-01-09	1	2, 3, 8	Updated hyperlinks
04-01-09	3	6, 9, 20, 25, 33, 36	Updated hyperlinks
04-01-09	5	27	Updated telephone number for Lexington County office
03-01-09	5	3-4 24 21, 27-29	• Update hyperlinks • Corrected Dorchester County's Orangeburg Road telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-09	Appendix 1	43 72	• Added new edit codes 693 and 694 • Changed edit code 945 Resolution to input "26"modifier in field 18
03-01-09	Managed Care Supplement	1, 7, 10, 17, 23, 25-30, 35	Updated hyperlinks
03-01-09	TPL Supplement	8, 9, 19	Updated hyperlinks
02-01-09	4	4-5	Updated page formatting
02-01-09	5	21	Updated Allendale County office PO Box zip code
02-01-09	Forms	-	Updated Authorization Agreement for Electronic Funds Transfer (EFT) form
02-01-09	Appendix 2	-	Updated list of carrier codes
01-01-09	1	8	Updated hyperlink for bulletin.scdhhs.gov
01-01-09	5	27	Updated Lee County office address
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	3	23, 25	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
10-01-08	3	27	Changed ECF field 1 to Prov/Xwalk ID
10-01-08	5	25, 29	• Updated address for Lake City • Updated phone number for Sumter County office
10-01-08	Forms	-	Revised ECF example to show update for field 1
10-01-08	Appendix 1	-	Updated edit codes 007, 059, 112, 219, 308, 339, 386, 403, 710, 722, 786, 798, 799, 843, 844, 845, 912, 914, 928, 941, 942, 943, 945, 952
09-01-08	5	22	Updated phone number for Berkeley County office

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-08	5	26	Updated phone number for Kershaw County office
09-01-08	Appendix 1	17	Added Edit Code 318
08-01-08	Appendix 1	3	Updated Edit Code 062
08-01-08	5	23	Deleted PO Box for Chester County
07-01-08	5	27	Deleted PO Box for Lancaster County
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-01-08	3	9, 16, 17, 19, 20, 24	Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers
06-01-08	5	28	Updated telephone number for Orangeburg county office
06-01-08	Appendix 1	30, 39, 42	• Added new edit code 529 • Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692
06-01-08	TPL Supplement	-	Updated Example Dental Claim Form Reporting Third-Party for Medicare Information to show NPI only; change/removed sample entries for fields 8, 15, 23, and 49; and added a tooth number to line 4
05-01-08	Appendix 1	3, 38 31	• Revised edit codes 062 and 569 • Added edit code 520
05-01-08	Managed Care Supplement	-	Revised supplement to include general policies and procedures effective May 1, 2008 and updated the SCDHHS-approved MCO contractors section
04-01-08	5	24	Updated address and phone number for Dorchester County office
04-01-08	Appendix 1	4, 13, 20, 33	Added edit codes 062, 219, 339, 528
04-01-08	TPL Supplement	2 3, 8, 15	• Updated reference to Medicaid card name

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		12 29	• Changed references to location of forms from Section 5 to Forms section • Updated field numbers for occurrence codes on UB-04 • Replaced sample ADA forms with more attractive version
03-01-08	1	3-5 7	• Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information. • Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable
03-01-08	3	9-20 All	• Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims on typical providers (with or without Medicaid legacy number). • Standardized formatting
03-01-08	Forms	-	Replaced Form 931 with new version dated January 2008
03-01-08	Appendix 1	59 70	• Added edit code 808 • Revised edit code 943 description and status (from warning to active)
03-01-08	TPL Supplement	9 21-22	• Added information on carrier code "CAS" for open casualty cases • Replaced Form 931 samples with new versions
02-01-08	3	12 31, 33 47	• Corrected instructions for field 10b • Standardized references to six-character legacy Medicaid provider number • Corrected mailing address for refunds
02-01-08	5	1	Removed "including Partners for Health" from first paragraph
02-01-08	Forms	-	Corrected mailing address for Medicaid Refunds Form 205
01-01-08	5	26	Updated address for Lancaster County office

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-08	Managed Care Supplement	1 3	• Removed PhyTrust from the list of MHNs • Added Carolina Crescent to the list of MCOs
11-01-07	5	25, 26	• Updated telephone numbers for Florence and Kershaw counties • Updated Horry County address to 1601 11th Ave., 1st Floor
11-01-07	Appendix 1	All	• Corrected ECF field numbers throughout edit codes resolution instructions • Added new edit code 107
11-01-07	Appendix 2	All	Updated list of carrier codes
10-01-07	1	1-2 3 4 12 15 25	• Removed PEP information • Added information about managed care enrollment broker and Managed Care Supplement • Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement). • Clarified that "days" refers to business days • Clarified which sections of manual may contain PA information • Expanded provider list under Program Integrity
10-01-07	3	14, 47	• Removed PEP information • Added 90-day time limit for reversing refunds
10-01-07	Appendix 1	26 38-40, 43, 70	• Corrected description for edit code 502 • Added NPI warning edits 578-583, 692, 943
10-01-07	-	-	Added Managed Care Supplement
10-01-07	TPL Supplement	15-17	• Added 90-day time limit for reversing refunds • Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare
07-01-07	1	All	Revised policies and procedures throughout section
07-01-07	Forms	-	Updated DHHS Form 205

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-07	Appendix 2	-	Updated list of carrier codes
06-06-07	2	3	Clarified description of enrollment procedure
06-06-07	3	-	Removed Time Restricted Supplement
06-06-07	3	All	• Updated form completion instructions for new CMS-1500 and Form 130 versions • Updated ECF and RA descriptions • Added information about National Provider Identifier • Replaced Reference to Forms 110 and 120 with Form 115 • Clarified retroactive eligibility policy • Updated ECF correction instructions • Added CPT and HCPCS ordering information • Make minor editorial changes throughout section
06-06-07	5	5	Corrected Rock Hill zip code
06-01-07	2	- 13 13-14 17-19	• Replaced all Elderly/Disabled references with Community Choices • Added Nursing Home Transition Service and Appliances to Community Choices Waiver • Inserted additional services under Nursing Home Transition Service • Removed Nursing Home Transition Grant and SC Choice • Added Pervasive Developmental Disorder Waiver
06-01-07	4	2 -	• Added Pervasive Developmental Disorder Waiver • Added and removed procedure codes
06-01-07	5	3-4 - 20-22	• Revised "Procurement of Forms" to address new CMS-1500 version and updated vendor information • Updated CLTC regional offices • Add toll-free number for Berkeley, Charleston, and Dorchester county offices

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		26 -	• Updated phone number for Oconee County • Split forms and exhibits from Section 5 to create separate Forms section
06-01-07	Forms	-	• Updated DHHS forms to add National Provider Identifier field • Updated sample claims to new CMS-1500 version • Updated ECF and remits to new versions • Updated 219-CLTCGC, 219-CLTCG-NC, 219-CLTCIC, 219-CLTCI-NC
06-01-07	Appendix 1	-	Updated list of edit codes
06-01-07	TPL Supplement	All	• Updated all sample forms and claims with new versions • Updated form completion instructions to match new form versions
05-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	5	22	Updated phone number for Darlington county office
04-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	Appendix 2	-	Updated list of carrier codes
04-01-07	Time Restricted Supplement	-	Updated date for mandatory use of revised CMS-1500
03-01-07	5	20	Updated Barnwell county office address
03-01-07	Time Restricted Supplement	All	Removed all references to NDC quantity and unit
03-01-07	Appendix 1	-	Updated list of edit codes
02-01-07	TPL Supplement	31-32	Updated ECF Samples to show third payer line
01-01-07	3	-	Added Time Restricted Supplement

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-07	5	-	Added line "03" to sample ECF for the third payer declaration
01-01-07	Appendix 1	9, 14	Added Edit Codes 202, 203, 204, 301
01-01-07	Appendix 2	-	Updated list of carrier codes
11-01-06	5	-	Updated county office addresses
10-01-06	5	-	Updated county office addresses
10-01-06	Appendix 2	-	Updated list of carrier codes
09-01-06	5	-	Updated county office addresses
09-01-06	Appendix 1	10,11,13 15,17,18 22, 23, 24 26, 27, 28 29, 30, 31 32, 35, 36 39, 40, 41 42, 46, 47 48, 49, 50 52, 58, 60 61, 62, 63 66, 67	• Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949 • Updated RARCs for edit codes 207, 208, 227, 234, 239, 263, 317, 369, 377, 421, 501, 504, 505, 507, 508, 515, 541, 545, 553, 564, 570, 672, 674, 709, 714, 719, 721, 722, 748, 749 • Updated resolutions for edit codes 761, 764, 765 768, 769, 771, 772, 773, 774 • Added new edit codes 518, 724 • Deleted edit code 777
08-01-06	-	-	Added TPL Supplement
08-01-06	5	-	Updated Reasonable Effort Documentation form
07-01-06	Appendix 1	23, 60, 61	Updated resolutions for edit codes 504, 923, 940
07-01-06	Appendix 2	-	Updated list of carrier codes
05-01-06	Appendix 1	52	Updated resolution for edit code 852
04-01-06	Appendix 1	43	Updated resolution for edit code 735
04-01-06	Appendix 2	-	Updated list of carrier codes
03-01-06	3	17, 18	• Changed the Trading Partner Agreement (TPA) and the Companion Guides Web site references to www.dhhs.state.sc.us

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		19	• Changed the Internet Explorer version required for the Web Tool to 6.0
		25	• Added TPL indicators to the ECF field 4 description
		25	• Added Injury Code indicators to the ECF field 5 description
		40	• Changed address name for refund checks (Form 205) from Division of Finance to Cash Receipts
03-01-06	Appendix 1	60	Changed resolution for edit code 925
02-01-06	Appendix 1	41	Changed resolution for edit code 721
01-01-06	1	4 & 5	Removed SILVERxCARD sample and program description
01-01-06	5	-	Updated Authorization Agreement for Electronic Funds Transfer
01-01-06	Appendix 1	67	Added edit code 935
01-01-06	Appendix 2	-	Updated list of carrier codes
12-01-05	Appendix 1	70	Added edit code 949
11-01-05	1	6, 7	Removed "HIPAA" from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center
11-01-05	3	5	Changed verb tense under Procedural Coding
11-01-05	3	15	Removed requirement for entering whole numbers for day or units in field 24G
11-01-05	3	19, 34	Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool
11-01-05	3	17, 18	Changed Web site from www.scdhhshipaa.org to www.scmedicaidprovider.org
11-01-05	5	19-28	Updated list of DHHS county offices

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-05	5	19-28	Updated list of DHHS county offices
10-01-05	Appendices	-	Made each appendix a separate file; moved Change Control Record out of appendices to a separate file
09-01-05	Appendix 1	38 & 64	Added edit codes 577 and 900
09-01-05	Appendix 2	All	Updated lists of carrier codes
08-01-05	Appendix 1	A1-62	Added edit code 868
07-01-05	3	2, 10, 12 19, 29, 30	• Added description of new Web Tool features • Removed instruction to attach EOB to paper claims • Change MIVS zip code to 29211-9804 (from 29201)
07-01-05	Appendix 2	All	Updated lists of carrier codes
05-03-05	2	13	Removed sentence under Home Delivered Meals: "Based on a physician's orders, meals may include standard diets or therapeutic and/or modified diets."
03-02-05	5	24 & 25	Changed incorrect area codes for county offices in Saluda and Union to (864)
03-01-05	Appendices	All	Added new edit codes and revised some resolutions
02-22-05	2	24	Added Adult Day Health Care Services description to MR/RD service list
02-11-05	5	4	Updated manual ordering information under Web Address header
01-24-05	5	19-25	Updated addresses for Allendale and Hampton county offices